FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C 495246 B. WING 07/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 DAIRY LANE WOODMONT CENTER FREDERICKSBURG, VA 22405 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {F 000} INITIAL COMMENTS {F 000} An unannounced Medicare/Medicaid revisit to the abbreviated survey conducted 6/4/15 through 6/5/15, was conducted 7/29/15 through 7/30/15. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected This is our facility's Allegation of Compliance. Woodmont Center does not deficiencies are identified on the CMS 2567 - B. admit or deny the existence of the alleged deficiencies. The census in this 118 certified bed facility was 94 at the time of the survey. The survey sample Woodmont Center maintains that it is in consisted of 11 current Resident reviews substantial compliance and the Plan of (Residents #101 through #111). Correction below will be completed by {F 309} 483.25 PROVIDE CARE/SERVICES FOR {F 309} HIGHEST WELL BEING SS=D 8 / 25 /2015 Each resident must receive and the facility must Karen S. Green provide the necessary care and services to attain Date or maintain the highest practicable physical, Administrator mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. F 309 SS=DThis REQUIREMENT is not met as evidenced The Physician for resident #108 was made aware of staff obtaining BPs Based on staff interview, facility document review being taken in the left arm. No new and clinical record review it was determined that orders were given. the facility staff failed to follow physician orders for one of 11 residents in the survey sample, Nurses are currently obtaining BP's in Resident #108. the right arm. Other resident's Facility staff failed to obtain Resident #108's medical records were audited for blood pressure in the right arm as ordered by the 8/25/15 orders for BP/Blood Stick orders by physician. our Acting DON and ADONs for The findings include: Resident #108 was admitted to the facility on compliance with physician orders. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

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days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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	& MEDICAID SERVICES			APPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2)	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	PLE CONSTRUCTION (X3) DA	(X3) DATE SURVEY COMPLETED	
	495246	B. WING	!	R-C // 30/2015	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	73072013	
WOODMONT CENTER			11 DAIRY LANE FREDERICKSBURG, VA 22405		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
limited to: dementia, pressure and left side Resident #108's mos data set), an admissi (assessment reference coded as having a Blomental status) score resident was moderate cognitive decisions. Trequiring extensive a personal hygiene. A review of the histor from the hospital, price facility documented, 'HISTORY: 1. Knee sing A review of the histor facility dated and sign document a history of A review of the physical to a review of the physical t	es that included but were not depression, high blood ed mastectomy*. St recent MDS (minimum ion assessment, with an ARD ce date) of 7/27/15 was IMs (brief interview for of nine indicating the ately impaired to make daily The resident was coded as assistance with dressing and by and physical dated 7/4/15 for to the admission to the "PAST SURGICAL urgery 2. Mastectomy." By and physical from the ned on 7/21/15 did not of mastectomy. Cian's orders dated on , "No BP (blood k L (with a circle around the	{F 309	The Admission's Nurse will review all new admission H&P from the hospital for any past surgical history that would contraindicate right or left arm for BPs/Blood Sticks. The Admission Nurse will document the physician's order of which arm to use of the resident for BPs/Blood Sticks in PointClickCare and on the MAR. The nurse will document the resident's ADL information card as instruction to the assigned C.N.A. which arm should not be used for BPs. The Admission Nurse will post a sticker of the new resident's door name tag indicating if the physician has indicated a particular arm that should not be used for the BPs/Blood Sticks. Licensed nursing staff, CNAs, rehabilitation and lab supervisor has been in-serviced by nursing management on the importance of	8/25/15	

around the L) arm."

A review of Resident #108's MAR (medication

A review of the ADL (activities of daily living)

stick L (with a circle around the L) arm."

A review of Resident #108's care plan

record documented on 7/20/15, "No BP/Blood

documented under the section titled "Resident

documented, "No BP/Blood Stick L (with a circle

administration record) dated 7/20/15

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8/25/15



obtaining BPs/Blood Sticks.

any irregularities in charting

The Acting DON, ADONs and QA

RN/Designee will audit daily resident

documentation in PointClickCare for

		& MEDICAID SERVICES		0		1APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING		. 0938-0391 TE SURVEY MPLETED
and the second s		495246	B. WING_		I	R-C / 30/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODM	IONT CENTER			11 DAIRY LANE		
WOODIVI	IONI CENIER			FREDERICKSBURG, VA 22405		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	. ID		***************************************	
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE
{F 309}	Continued From pa	_	{F 309	9}		
	or complications rel pressure), dyslipide (atrial fibrillation, an Initiated 7/21/2015. "Interventions NO \ from vein)/BP in left A review of Resider electronic clinical reblood pressure sumused to take the blocation of the blood pressure sumused to take the blocation of the blood pressure sumused to take the blocation of the blood pressure arm; 7/28/15 at 8:00 a.m left arm; arm; 7/24/15 at 10:48:02 a.m left arm; arm; 7/20/15 at 5:48 #108's blood pressure six times out of 12 of An interview was coa.m. with CNA (cert was caring for Resident was asked how suprecautions or assis CNA #1 stated, "We what they need." Complete would know if there about taking blood pressure with the present taking blood pressure taking takin	for cardiovascular symptoms lated to HTN (high blood smia (high cholesterol), A-Fib irregular heart beat). Date "Under the column titled, "P (venipuncture, blood draw tarm" was documented. Int 108's vital sign record in the cord documented on the smary form which arm was lood pressure, on 7/29/15 at 12:10 a.m right 20 a.m right arm; 7/27/15 at 7/26/15 at 11:34 a.m left 134 a.m left 134 a.m left 135 a.m right arm; 7/21/15 at 15:58 p.m left 136 a.m right arm; 7/21/15 at 15:58 p.m left 136 a.m right arm; 7/21/15 at 15:58 p.m left 150 a.m right arm; 7/21/15 at 15:58 p.m left 150 a.m right arm; 7/21/15 at 15:58 p.m left 150 a.m right arm; 7/21/15 at 15:58 p.m left 150 a.m right 150 p.m left arm. Resident 150 p.m left arm right 150 p.m left arm right 150 p.m left arm right 150 p.m left arm left arm right 150 p.m left arm left arm right 150 p.m left arm left arm left arm left arm left arm right arm left ar		BPs/Blood Sticks with the physicorders for one month and then randomly for two months. All nurses responsible for irregularities will be re-educated BP/Blood Stick audit logs will be reviewed during the monthly QA meetings for three months during QA meetings by the committee for compliance with this POC.	l. De A g the	8/25/15

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			AO		1APPROVED . 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			(X3) DAT COM	TE SURVEY MPLETED
	1	495246	B. WING				R-C
NAME OF	PROVIDER OR SUPPLIER		<u> </u>		REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	/30/2015
			-		DAIRY LANE		
WOODM	MONT CENTER				REDERICKSBURG, VA 22405		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		
PRÉFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 309}	Continued From pa	вае 3	{F 30	nai		***************************************	
· ·	BP or blood draws	_	1, ~.	Joj			# W # P # P # P # P # P # P # P # P # P
		,					*
		3 a.m. an interview was	1				
		I #4, a staff nurse. RN #4 was	•	10 A			
	Resident #108's nu	irse that day. RN #4 was	:	# A A A A A A A A A A A A A A A A A A A			1
		dent is on a skilled unit who	:	:			
		ns. RN #4 stated, "The nurses	- Address of the Control of the Cont				reconstitute and and
		ay shift, in the evenings and ethe vital signs." RN #4 was		***************************************			
		the vital signs. RN #4 was	1				VALA A A ALABASSOON
		ecord. RN #4 stated, "The	-	:			<u> </u>
		don't document in it." RN #4		į			
	was asked how the	CNAs would know if there	Í				
	was a special preca	aution when taking the vital	1	i			9
	signs. RN #4 stated	d, "It's on the ADL sheet." RN		100			50 to 10 to
		the nurses were aware of	!	:			2
		ne residents. RN #4 stated, "It's	~ 100000A				
		4 was asked to go to the blood	: 	1			
		form for Resident #108 in the	1	V 100 MINIS AND			
		and was asked to explain what	į				
		t. RN #4 stated, "It's the					
		nt was in when it was taken	T Washington	* characteristics			
	(DP) and which and	n it was taken in." RN #4 was MAR order "No BP/Blood					enderen in
		e around the L) arm." RN #4					
	stated. "That mean	s no BP or blood draw should		E PAR Y WHITE !			
	be done on the left	arm." RN #4 was asked to		Value v a a			
	review the blood pre	essure summary again. RN #4		i			
	stated, "There's a lo	ot of left arm BPs. I know					
	when I go in she's ir	n bed and her right arm is					
:	closest to me so I a	always take it on the right side."					
!	On 7/30/15 at 12:10	0 p.m. an interview was					
!	conducted with RN	#2, the assistant director of					
!		s asked to look at the blood				!	
:		form and was asked if she		;		!	
i	had any concerns.	RN #2 stated, "My concern is		į			
,	we have an order to	or no BPs or VPs in the left		1			

arm and we have been doing BPs in the left arm." RN #2 was asked the process for the nurses in

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CENTE		& MEDICAID SERVICES			FORM OMB NO	MAPPROVED 0. 0938-0391	
STATEMENT AND PLAN (FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495246	B. WING		R-C 07/30/2		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODM	ONT CENTER			11 DAIRY LANE FREDERICKSBURG, VA 22405			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION		
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE	
{F 309}	Continued From pa	ige 4	{F 30	9}			
	following the physic	ian's order. RN #2 stated,	(. 00				
	"The nurses are su	pposed to check their MARs		40.000		pareco data	
	every shift when the	ey come in so they should		· ·			
	review it and that's	why we put it in the MAR to be					
	aware of the needs	of the patient." RN #2 was					
	asked if there was a	any circumstance when a					
	#2 stated "There is	llow a physician's order. RN no option not to follow					
	physician's orders	inless it is out of the scope (of					
	the nurse's) practice	e. RN #2 was asked if this	,	· 			
	order was out of the	nurse's scope of practice.				: !	
	RN #2 stated, "No."	A policy for following				***************************************	
	physician's orders a	and nursing documentation					
	was requested and	obtained. RN#2 was made	en andre e				
	aware of the finding	s at that time.					
	#2 ASM #2 the ma	#1, the administrator, ASM mager of clinical operations	1			F F	
	and RN#2 were ma	de aware of the findings.	>				
	The facility's policy	with a revision date of 10/1/12	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	1			
	titled, "NSG117 Trai	nscription of Orders"				land and the second	
	documented, "PURI	POSE To communicate all		: 			
!	practitioner orders to	o caregivers regarding				1000	
1	patient's care and tr						
1	ine facility's policy (with a revision date of 10/1/12					
W/ Yoh contains	documented "DIP	sing Documentation" POSE To communicate		1 1 2			
1	natient's status and	provide accurate accounting					
;	of care and monitori	ng provided "		Variable Control of the Control of t			
]		Nursing, 6th edition, 2005,					
	Patricia A. Potter an	d Anne Griffin Perry, Mosby,					
	Inc; Page 419: "The	physician is responsible for		DEAL.	St News		
	directing medical tre	atment. Nurses are			VED		
	obligated to follow p	hysician's orders unless they		Aile s		100	
	clients."	re in error or would harm			015		
		on was provided prior to exit.		RECEIN AUG 17 2	<i>6</i> %.		
		201			·C		
	*A mastectomy is su	rgery to remove a breast or					
	part of a breast. It is	usually done to treat breast					

		& MEDICAID SERVICES			FORM APPROVED 1B NO. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION (3	(X3) DATE SURVEY COMPLETED R-C 07/30/2015	
		495246	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	accidental accidentation on the second accidentation of the second accidentation accid	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODM	ONT CENTER		11 F			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
{F 309}	Continued From pa cancer. http://www.nlm.nih. html	nge 5 gov/medlineplus/mastectomy.	{F 309}			
F 514 SS=D	483.75(I)(1) RES RECORDS-COMP LE	LETE/ACCURATE/ACCESSIB	F 514	F 514 SS-D		
	resident in accorda	aintain clinical records on each ince with accepted professional ctices that are complete; ented; readily accessible; and anized.		Resident #111 is no longer a resident our facility. The incorrect resident documents	8/25/15 ation	
	information to iden	must contain sufficient tify the resident; a record of the		in resident #105's medical record removed.	l was	
	services provided; preadmission scre	ening conducted by the State;		Resident #105 is currently receiv medications as ordered and	ing	
	and progress note			administration is being document per policy.	ted 8/25/15	
	by: Based on observa document review, was determined th maintain a comple	NT is not met as evidenced ation, staff interview, facility and clinical record review, it at the facility staff failed to te and accurate clinical record		The vital signs for resident #102 being documented in the medical record as ordered.		
	for three of 11 resi Residents #105, #	dents in the survey sample, 111 and #102.		The current medical records of residents were reviewed to determ	mine	

1 a. For Resident #105 the facility staff failed to

document the administration of medications.

b. For Resident #105, the facility staff failed to

2. For Resident #111, the facility staff failed to document the administration of medications,

ensure the documentation was correct.

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addressed.

that medication administration,

oxygen administration, oxygen

vital signs were documented

saturations were recorded, and that

accurately. Any issues found were

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8/25/15



*		E & MEDICAID SERVICES				APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED	
		495246	B. WING		R- 07/ 3	C 0/2015
NAME OF I	PROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 1 DAIRY LANE		
WOODM	ONT CENTER		1	REDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 514	3. For Resident #10 document vital sign. The findings include 1 a. Resident #105 7/19/15 with diagno	ion and oxygen saturation cation administration record. O2 the facility staff failed to us in the clinical record.	F 514	the Admission's Director/design appropriate room placement to inbut not limited to similar names initials. The Nursing Management staff is serviced the licensed nurses on t	nee on nclude and	8/25/15
	pressure, diabetes, dependence, coror effusions. The most recent M assessment, an ad assessment refereing resident with a scoro (brief interview for mas cognitively inta Section O - Special Programs, Resident	chronic pain with narcotic hary artery disease, and pleural DS (minimum data set) mission assessment, with an ance date of 7/25/15, coded the re of 14 out of 15, on the BIMS mental status), indicating he act to make daily decisions. In Treatments, Procedures and at #105 was coded as receiving ed as having a BIPAP/CPAP*		importance of completing documentation of MARS/TARS immediately after administration medications or and treatments. Twere also in-serviced to initial completion on the MAR and enter to PointClickCare	n of They	8/25/15
	The physician orde by the nurse practit documented, "Folio (by mouth) daily - s mg PO daily - DM (The Medication Add July 2015, docume tab (tablet) by mouth	Acid** 1 mg (milligrams) PO upplement. Januvia *** 100		The facility Management staff w serviced on how to audit MARs/ for omissions. The licensed nurse were re-educated on keeping acc information in the residents char	TARs es urate	8/25/15

documented as given. The box for the dose was blank. The reverse of the MAR was blank.

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			ON	I ORIVIA IB NO.	4FFKUVED 0938-0391
	ETATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
		495246	B. WING	-		R-	-C 30/2015
NAME OF F	PROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	017	00/2013
WOODM	ONT CENTER				1 DAIRY LANE REDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	documented, "All many difficulties." An interview was conurse) #3 on 7/30/1 July 2015 was reviewed was enterview was enterviewed in part medications as enterviewed in part medications are enterviewed in part medications are enterviewed in part medications and in part medications are enterviewed in part medi	onducted with RN (registered 15 at 12:02 p.m. The MAR for ewed with RN #3. When ak was there and what did it ted, "I'd have to contact the hat day to see if she gave." Onducted with RN #2, the finursing, and administrative he director of nursing, on m. The July MAR for Resident what did it indicate, RN #2 becumented, it was not given." The care plan dated, 7/28/15, as: the resident has a les." The "Interventions" to the "Intervent	F 5	514	Resident MARs/TARs are being audited daily for one m by the Acting DON, ADONs, QARN/Designee, and facility Management staff for completen documentation showing complia with physician orders. Any irregularities will be recorded on Daily Audit MARs/TARs audit sand given to the Acting Don, QARN/Designee or ADONs. All nu responsible for irregularities will re-educated. After one month of daily audits tauditing staff will complete randaudits weekly for two months of MARs/TARs for compliance with residents' physician orders. The audit sheets will be reviewed monthly times three months during facilities' QA meeting for continuous compliance with this POC.	ess in nce the sheet the larges be the larges the larges he larges	8/25/15

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CENTERS	FOR MEDICARE	& MEDICAID SERVICES			(FUKIV OMB NO	. 0938-039°
	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	E SURVEY MPLETED
		495246	B. WING				R-C / 30/2015
NAME OF PRO	VIDER OR SUPPLIER		· I	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 07	130/2013
WOODMON	T CENTER			1	DAIRY LANE EDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
TI ad m m m 12 No *C pr th sle ep br ar ht 01 *B ha low ht value of the sle ep br ar ht 01 **I m ad ht the sle ep br ar ht sle ep br ar ht 01 **I m ad ht the sle ep br ar ht	reatment Administrator, of diministrative staff anager of clinical ade aware of the 2:29 p.m. To further information of further information in which is further info	Administration Record and tration Record." director of nursing, member (ASM) #3, the operations and RN #2, were above concerns on 7/30/15 at on was provided prior to exit. Continuous positive airway amps air under pressure into the windpipe open during ir delivered by CPAP prevents collapse that block the s with obstructive sleep apnea	F	514			

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			FORM	MAPPROVED 0. 0938-0391
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPI IDENTIFICATION N		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495246	B. WING		ı	R-C //30/2015
NAME OF I	PROVIDER OR SUPPLIEF	3		STREET ADDRESS, CITY, STATE, ZIP CODE	1 01	130/2013
WOODM	ONT CENTER		1	1 DAIRY LANE FREDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 514	documented the diname and medical further documented checked and set use (centimeters) H2C (oxygen). Fitting is (sic) the setting. In how to turn on and filled." The physician orded documented, "O2 continuously to may be a continuously to may be	was revealed. The paper ate of 7/22/15, Resident #105's I record number. The paper ed, "Pt (patient) CPAP order p as ordered 13 cm o (water). Pt doesn't use O2 is OK with mask. Pt tolerated lurse at the bedside showed I off. CPAP machine H2O ers dated, 7/29/15, at 2 LPM (liters per minute) sintain sats (oxygen saturation) es." conducted with RN (registered 15 at 2:30 p.m. When asked if I a CPAP machine, RN #2 ommate does." is made of Resident 105's room p.m. There was a CPAP ner side of the room, not the	F 514			

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		VIAD LIDIMUM OFIVAIOES				FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			O		. 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495246	B. WING			1	R-C / 30/2015
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	730/2013
WOODM	ONT CENTER			11	DAIRY LANE		
				FR	EDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE
F 514	pulmonary disease, gastroesophageal ranxiety, depression a pulmonary nodule. The most recent MI assessment, a Med with an assessment coded the resident interview for mental was cognitively intaces of the physician order by the doctor on 7/1 (oxygen) 2 LPM (lite NC (nasal cannula) saturation levels) at (every) shift. Spiriva (micrograms) 1 cap inhalation) Q (every The physician telephoral documented, "Add F (milligrams) PO (by sleep)." A physician telephoral documented, "Tylenday)." A review of the July administration record documented, "O2 @ via NC to maintain the boxes to sign the for the day and ever documented, "O2 sabehind it indicating to sign this off were	is, chronic obstructive pneumonia, eflux disease, tremors, history of uterine cancer, and e. OS (minimum data set) icare 14 day assessment, treference date of 7/24/15, as a 15 on the BIMS (brief status) score indicating she ct to make daily decisions. In Treatments, Procedures, and lent was coded as using e a resident in the facility. It is dated, 7/11/15 and signed 1/15, documented, "O2 ers per minute) continuous via to maintain sats (oxygen love 92%. Check O2 sats quality Hand inhaler 19 mcg (capsule) INH (through of day." In one order dated, 7/18/15, Pantoprazole 40 mg mouth) q HS (hours of late order dated, 7/28/15, ol 650 mg PO BID (twice a late of two distances) sats > (greater than) 92%." In off were blank for 7/25/15	F	514			

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		& MEDICAID SERVICES				MAPPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T _(VO) MIII TID	N. F. COMOTE MOTION		<u> 0. 0938-0391</u>
	OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3	co	ATE SURVEY DMPLETED
· · · · · · · · · · · · · · · · · · ·		495246	B. WING		07	R-C 7/30/2015
NAME OF F	PROVIDER OR SUPPLIER		ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODM	IONT CENTER		1	11 DAIRY LANE FREDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHISTORY CROSS-REFERENCED TO THE APPORTION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	age 11	F 514	1	ACCOUNTY OF THE PARTY OF THE PA	
	The box for 7/25/15 The July 2015 MAR "Pantoprazole** 40 7/25/15 at 9:00 p.m The July 2015 MAR (used to treat pain) for 7/29/15 at 8:00 p Resident #111's Jul with RN #3 on 7/30, what the blanks on stated, "I'd have to a shift." An interview was co assistant director of staff member (ASM on 7/30/15 at 12:11 Resident #111 was the blanks were the	mg PO Q HS." The box for n. was blank. R documented, "Tylenol 650 mg PO BID - PAIN." The box				
	of nursing presented 7/25/15 at 11:37 a.n	5 p.m. RN #2 and the director ed a nurse's note dated, m. The note documented, "All atments were done as				***************************************
as debalated ammunus armounts	administrative staff	director of nursing, RN #2 and member #3, the manager of were made aware of these at 12:29 p.m.				The control of the co
	*Tiotropium (Spiriva shortness of breath,	ion was provided prior to exit. a) is used to prevent wheezing, b, coughing, and chest bs with chronic obstructive	The second secon			

pulmonary disease (COPD, a group of diseases that affect the lungs and airways) such as chronic

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		& MEDICAID SERVICES				APPROVED . 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DAT	E SURVEY MPLETED	
		495246	B. WING	3	I	R-C 07/30/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 11 DAIRY LANE FREDERICKSBURG, VA 22405	DDE	and the second s	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 514	bronchitis (swelling to the lungs) and er sacs in the lungs). medications called relaxing and openir lungs to make brea http://www.nlm.nih. s/a604018.html **Pantoprazole is u reflux disease (GEI backward flow of ac between the throat http://vsearch.nlm.rmeta?v%3Aproject medlineplus-bundled. 3. For Resident #10 document vital sign. Resident #102 was 7/22/15 with diagnot limited to: coronary cholesterol, and go Resident #102's ad set), an admission.	of the air passages that lead mphysema (damage to air Tiotropium is in a class of bronchodilators. It works by the air passages to the thing easier. gov/medlineplus/druginfo/med sed to treat gastroesophageal RD), a condition in which cid esophagus (the tube	F 5	514			

blank.

admission assessment of 7/22/15 at 7:54 p.m. documented, "Mental Status - 1) Alert; Oriented to: 1) Person/Place/Time." Indicating the resident was cognitively intact to make daily decisions. A review of Resident #102's MAR (medication administration record) was completed. On 7/22/15 documented on the MAR was, "FULL SET OF VITAL SIGNS (blood pressure, pulse, respirations and temperature) EVERY SHIFT FOR 72 HOURS." The sections on the MAR titled "BP (blood pressure)" and "POX (pulse oximetry)" for 7/24/15's 11:00 p.m. to 7:00 a.m. shift was

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		& MEDICAID SERVICES			O		APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495246	B. WING	***************************************		1	R-C / 30/2015	
NAME OF F	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODMONT CENTER					1 DAIRY LANE FREDERICKSBURG, VA 22405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 514	Continued From pa	age 13	E,	514			:	
	,	•	1 \) I 4	!			
	An interview was conducted on 7/30/15 at 8:15 a.m. with RN# 2, the assistant director of nursing. RN #2 was asked where the BP and pulse				1 }		1	
		umented for the 11:00 p.m. to					And the same	
		7/24/15. RN #2 stated, "I called	: İ					
	the nurse last night and she did take them and				i e			
	put them on her work sheet but she did not put							
	them on the MAR. She added it to the MAR last		VPOPPE					
	night." RN #2 gave a copy of the MAR to this surveyor. RN #2 had a piece of paper with room						a .	
		signs hand written on it. RN #2	THE PERSON NAMED IN COLUMN 1					
		nurse's worksheet, you can					: }	
		e vital signs for Resident			<u> </u>		Accordance 1 V vi	
		asked if the sheet was dated.	9		1			
		" RN #2 was asked where the			1		1	
		d vital signs. RN #2 stated,						
		em in (name of computer	1				:	
	software program)		THE PERSON NAMED IN COLUMN NAM		1			
		onducted on 7/30/15 at 8:20						
		ministrative staff member) #2, ing. ASM #2 who was present			İ			
	4	w with RN #2 was asked what					divining property	
	•	aking newly admitted					No. of the Contract of the Con	
		s. ASM #2 stated, "We do vital					A VANAL VARIANCE	
		:00 a.m. to 3:00 p.m.; 3:00						
		and 11:00 p.m. to 7:00 a.m.)						
		s for the first 72 hours and			·			
		are on antibiotics." ASM #2					***	
		of the findings at that time. A	1. A A A A A A A A A A A A A A A A A A A		!		**************************************	
		of the facility's policy of vital	8 · · · · · · · · · · · · · · · · · · ·		· !			
	signs was requested.		A STATE OF THE STA					
		titled 'NSG242 Vital Signs" cy - Vital signs (blood pressure,	The state of the s					
		temperature) will be monitored						
		ssions and re-admissions: Q	!				11	

documented.

(every) shift x (times) 72 hours ..." The policy did not document where vital signs were to be

On 7/30/15 at 12:35 p.m. ASM #1, the

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		& MEDICAID SERVICES				01		APPROVED 0938-0391		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED			
		495246	B. WING				R-C 07/30/2015			
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP C	CODE				
WOODMONT CENTER				11 DAIRY LANE FREDERICKSBURG, VA 22405						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD E APPROPE	BE	(X5) COMPLETION DATE		
F 514	administrator; ASM manager for clinica of the findings. No further informati *Goiter is an enlarg The resulting bulge extremely large, bubrought under contice that p://www.ncbi.nli. T0024712/> ** Laminectomy is a lamina. This is part vertebrae in the spi	#2; RN #2 and ASM # 3, the I operations were made aware on was provided prior to exit. ement of the thyroid gland. on the neck may become t most simple goiters are rol before this happens. m.nih.gov/pubmedhealth/PMH a surgery to remove the of a bone that makes up a	FS	.14						

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